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L.W., Appellant)	
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and)	Docket No. 21-1258
)	Issued: April 27, 2022
U.S. POSTAL SERVICE, CARDISS COLLINS)	
PROCESSING & DISTRIBUTION CENTER,)	
Chicago, IL, Employer)	
)	

Case Submitted on the Record

Before:
ALEC J. KOROMILAS, Chief Judge
JANICE B. ASKIN, Judge
VALERIE D. EVANS-HARRELL, Alternate Judge

On September 9, 2016 appellant, then a 58-year-old building equipment mechanic, filed an occupational disease claim (Form CA-2) alleging that he developed bilateral knee conditions due to factors of his federal employment, including standing, climbing ladders, moving equipment, kneeling and crawling on hard surfaces. OWCP accepted the claim for bilateral knee osteoarthritis, and derangement of the left medial meniscus due to an old tear under OWCP File No. xxxxxx319.²

² OWCP previously accepted that appellant sustained a contusion of the right knee and foot and tear of the right medial meniscus due to a March 27, 1999 employment injury, under OWCP File No. xxxxxx020. On January 11, 2000 appellant underwent OWCP-authorized right knee arthroscopy due to right medial meniscus tear and a meniscectomy was also performed.

Appellant did not stop work. On December 31, 2017 he retired and began receiving benefits from the Office of Personnel Management (OPM).

On August 25, 2017 OWCP granted appellant a schedule award for two percent permanent impairment of his right lower extremity due to right knee arthroscopy with partial medial meniscectomy in accordance with the American Medical Association, *Guides to the Evaluation of Permanent Impairment* (A.M.A., *Guides*),³ under OWCP File No. xxxxxx020. OWCP File Nos. xxxxxx020 and xxxxxx319 have been administratively combined, with the former serving as the master file.

On May 24, 2020 appellant filed a claim for compensation (Form CA-7) and requested a schedule award under OWCP File No. xxxxxx319.

In a report dated June 12, 2020, Dr. Ankur Chhadia, a Board-certified orthopedic surgeon, examined appellant due to severe pain in both knees. He reviewed bilateral knee x-rays dated February 20, 2017 which demonstrated moderate-to-severe degenerative changes with no loose bodies. Dr. Chhadia found that he had reached maximum medical improvement (MMI). He applied Table 16-3, page 511 of the A.M.A., *Guides* and found a class of diagnosis (CDX) of bilateral knee osteoarthritis, which was a class 3 impairment, with one millimeter cartilage interval of the knees due to primary knee joint arthritis. Dr. Chhadia determined that appellant had 26 percent permanent impairment of the right and left lower extremities.

On July 31, 2020 OWCP requested that Dr. Arthur S. Harris, a Board-certified orthopedic surgeon serving as OWCP's district medical adviser (DMA), review Dr. Chhadia's June 12, 2020 report. It provided a July 31, 2020 statement of accepted facts (SOAF) which noted appellant's accepted conditions as bilateral knee osteoarthritis, derangement of unspecified medial meniscus due to old tear or injury left knee, and medial lateral partial meniscectomy in 2000.

In an August 10, 2020 report, Dr. Harris noted that he had reviewed the SOAF and found that appellant underwent medial and lateral partial meniscectomies in 2000. He noted that the SOAF did not clarify which knee was surgically addressed, but he determined that it had been the left knee. Dr. Harris reviewed the medical evidence and found that appellant had three percent permanent impairment of the right lower extremity due to degenerative joint disease and medial meniscal tear under Table 16-3, page 509 of the A.M.A., *Guides*. He further found 13 percent impairment of the left lower extremity for having undergone partial medial and lateral meniscectomies under Table 16-3, page 509 of the A.M.A., *Guides*. Dr. Harris found that appellant reached MMI on June 22, 2020, the date of Dr. Chhadia's examination.

On September 24, 2020 OWCP again requested that Dr. Harris, serving as OWCP's DMA, review the medical evidence. It provided an updated SOAF dated September 24, 2020 which again listed the accepted conditions as bilateral knee osteoarthritis, derangement of unspecified medial meniscus due to old tear or injury left knee, and medial lateral partial meniscectomy in 2000. It also noted a previous schedule award under OWCP File No. xxxxxx020 received by appellant and requested that he consider whether it should be added to his previous rating.

³ A.M.A., *Guides* 6th ed. (2009).

The record contains no response from Dr. Harris.

By decision dated February 17, 2021, OWCP granted appellant schedule award compensation for 13 percent permanent impairment of his left lower extremity and an additional one percent permanent impairment of the right lower extremity.

The Board finds that this case is not in posture for decision.

On July 31 and September 24, 2020 OWCP provided Dr. Harris, the DMA with a SOAF listing appellant's accepted conditions as bilateral knee osteoarthritis, derangement of unspecified medial meniscus due to old tear or injury left knee, and medial lateral partial meniscectomy in 2000.

It is OWCP's responsibility to provide a complete and proper frame of reference for a physician by preparing a SOAF.⁴ OWCP's procedures dictate that when a DMA, second opinion specialist, or referee physician renders a medical opinion based on a SOAF which is incomplete or inaccurate, or does not use the SOAF as the framework in forming his or her opinion, the probative value of the opinion is seriously diminished or negated altogether.⁵ OWCP did not provide the DMA with an accurate SOAF as it did not accurately list the previously accepted conditions and did not specify which knee had been treated arthroscopically. The Board further finds that there is unresolved ambiguity in OWCP File No. xxxxxx020 regarding whether appellant underwent a partial or total meniscectomy of the right medial meniscus on January 11, 2001. Thus, the Board finds that reports from the DMA were not based on an accurate factual framework and cannot represent the weight of the medical evidence sufficient to address appellant's claim for additional schedule awards.⁶

Once OWCP undertakes to develop the medical evidence, it has the responsibility to do so in a manner that will resolve the relevant issues in the case.⁷ Accordingly, the Board finds that the case must be remanded to OWCP. On remand, OWCP should prepare a complete and accurate SOAF and request that the DMA submit clarifying reports regarding appellant's bilateral lower extremity permanent impairments and explaining his disagreement, if any, with the findings and conclusions of Dr. Chhadia. Following this and any further development deemed necessary, it shall issue a *de novo* decision. Accordingly,

⁴ *C.E.*, Docket No. 19-1923 (issued March 30, 2021); *M.B.*, Docket No. 19-0525 (issued March 20, 2020); *J.N.*, Docket No. 19-0215 (issued July 15, 2019); *Kathryn E. Demarsh*, 56 ECAB 677 (2005).

⁵ *R.W.*, Docket No. 19-1109 (issued January 2, 2020); Federal (FECA) Procedure Manual, Part 3 -- Medical, *Requirements for Medical Reports*, Chapter 3.600.3 (October 1990).

⁶ *M.B.*, *supra* note 4; *G.C.*, Docket No 18-0842 (issued December 20, 2018).

⁷ *M.B.*, *id.*; *D.S.*, Docket No. 19-0292 (issued June 21, 2019); *G.C.*, *id.*

IT IS HEREBY ORDERED THAT the February 17, 2021 decision of the Office of Workers' Compensation Programs is set aside and the case remanded for further development consistent with this order.

Issued: April 27, 2022
Washington, DC

Alec J. Koromilas, Chief Judge
Employees' Compensation Appeals Board

Janice B. Askin, Judge
Employees' Compensation Appeals Board

Valerie D. Evans-Harrell, Alternate Judge
Employees' Compensation Appeals Board